Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088 WELL API NO. 30-025-03632

Santa Fe, New Mexico 87504-2088		30-025-03632		
P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE X		
DISTRICT III 1000 Rio Brizon Rd., Aziec, NM 87410				
			6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			The second of the region is the second in th	
1. Type of Well:	TOTT DOOTT THOT COALS.			
OR WELL WELL	OTHER SWD Well		II D G	
2. Name of Operator	OTHER DWD METT		U. D. Sawyer	
Texaco Inc.		8. Well No. 4		
3. Address of Operator		9. Pool name or Wildcat		
P. O. Box 730, Hobbs, New Mexico 88240			Crossroads Mississippian	
4. Well Location			T CEONSTOCKS THISSIBSIPPIMI	
Unit Letter O: 990	Feet From TheSouth	Line and 165	O Feet From The East Line	
				
Section 34		nge 36E 1	NMPM Lea County	
	10. Elevation (Show whether in 4031 * DF	DF, RKB, RT, GR, etc.)		
11. Check App	ropriate Box to Indicate N	Vature of Notice Re	Proof or Other Data	
and a personal policy to material training of Holice, R				
		300.	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB X	
OTHER:		2		
OTALA.		OTHER: Repair Clasing Leak		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, an	d give pertinent dates, includ	line estimated date of starting any proposed	
work) SEE RULE 1103.		- , , , , , , , , , , , , , , , , , , ,	and a serious and any knowners	
SEE ATTACHMENT				

(This space for State Use) ORIGINAL SIGNAL	TITLE	APR 1 3 199
TYPE OR PRINT NAME J. A. Head		ТЕLЕРНОМЕ NO. 393-7191
SIGNATURE Ja Hear		DATE 03-28-90
I hereby certify that the information above is true and complete to the best of my kno	wledge and belief.	